



APPLICATION FOR APPOINTMENT TO THE: AUTHORITY ADVISORY COMMITTEE
DEADLINE FOR SUBMITTAL: July 28, 2023, AT 5:00 P.M.

(Please type or print in ink.)

Name: _____ Home Phone: () _____

Address: _____ City: _____ Zip: _____

Occupation: _____

Employer: _____ Work Phone: () _____

Educational
Background/Qualifications: _____

Licenses or Special Certificates held: _____

Organizations to which you belong (professional, technical, community, service): _____

Briefly state why you wish to serve on the committee and why you believe you are qualified for the position. Be specific. (Please limit your response to 1000 words. Use additional paper if necessary).

I understand that any or all information on this form may be verified. I consent to the release of this information for public purposes.

Signature: _____

Date: _____

Return to: Please e-mail your application to clerk@san.org by 5 p.m., Friday, July 28, 2023